PTO/SB/17 (10-08)
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FEE TRANSMITTAL For FY 2009

Carl Schaukowitch

Name (Print/Type)

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT 940.00

spond to a collection of inform	nation unless it displays a valid OMB control numbe
Co	mplete if Known
Application Number	10/697,237-Conf. #9024
Filing Date	October 31, 2003
First Named Inventor	Nobuyuki Nonaka
Examiner Name	R. E. Mosser
Art Unit	3714
Attomey Docket No.	SHO-0045

Date

April 1, 2010

METHOD OF PAYMENT (check all that apply)										
Check	Credit Card	М	oney Order	None	Other (please identify):			_	
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC										
For the	above-identified	deposit a	ccount, the D	irector is he	ereby authorize	ed to: (check	all that apply))		
	harge fee(s) indi						ated below, e		e filing fee	
cı	narge any addition	onal fee(s) or underpay	ments of	x Credit	any overpay	ments			
fe fe	e(s) under 37 CF	R 1.16 a	nd 1.17			uny overpuy	mento			
FEE CALCUI										
1. BASIC FILIN	G, SEARCH, AN				0115550		T1011 EEE6			
			FEES Small Entity	SEAR	CH FEES Small Entity	EXAMINA	TION FEES Small Entity	j		
Application Ty	<u>/pe F</u>	ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	aid (\$)	
Utility		330	165	540	270	220	110			
Design		220	110	100	50	140	70			
Plant		220	110	330	165	170	85			
Reissue		330	165	540	270	650	325			
Provisional		220	110	0	0	0	0			
2. EXCESS CLA	AIM FEES								Small Entity	
Fee Description								Fee (\$)	<u>Fee (\$)</u>	
	r 20 (including I							52	26	
_ <u>-</u>	nt claim over 3	(includin	g Reissues)					220	110	
Multiple depend	dent claims							390	195	
Total Claims	Extra C		Fee (\$)	Fee			<u>Itiple Depend</u>			
- or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								1		
Indep. Claims	Extra C	•	Fee (\$)	Fee	Paid (\$)				_	
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	ber of independent	claims paid	for, if greater tha	ın 3.						
3. APPLICATIO	N SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
	ler 37 CFR 1.52					for small enti	ity) for each a	dditional 50)	
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4. OTHER FEE('		"	ound up to a wife	ne number, x		Fees	Paid (\$)	
Non-English	Specification.	\$130 fee	(no small en	tity discou	nt)			1000		
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month							13	0.00		
(84)	_å/	<u> 18</u>	01 Request	for continu	ued examina	tion (RCE)	(see 37	81	0.00	
SUBMITTED BY	111									
Signature	(all De				egistration No. ttomey/Agent)	29,211	Telephone	(202) 95	5-3750	